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Re: Appeal No.: 2008-5301
Appellants: Maria A. Pacciarini, et al.
USSN: 09/788,998
Our Docket: 17815

Urgent For Review Please Comment Please Reply Please Acknowledge

Please see the attached Notice of Hearing

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/786,998	06/14/2001	Maria Adele Pacciariini	01-270	1122
7590		12/23/2008	12815 EXAMINER	
PETER I. BERNSTEIN			KRISHNAN, GANAPATHY	
BERNSTEIN, SCULLY, SCOTT, MURPHY & PRESSER			ART UNIT	PAPER NUMBER
400 GARDEN CITY PLAZA				1623
GARDEN CITY, NY 11530				
			MAIL DATE	DELIVERY MODE
			12/23/2008	PAPER

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Board of Patent Appeals and Interferences

PETER I. BERNSTEIN
BERNSTEIN, SCULLY, SCOTT, MURPHY & PRESSER
400 GARDEN CITY PLAZA
GARDEN CITY, NY 11530

Appeal No: 2008-5301
Appellant: Maria Adele Pacciarini, Olga Valota,
Application No: David Kerr et al.
Hearing Room: 09/786,998
Hearing Docket: B
Hearing Date: A
Hearing Time: Tuesday, February 03, 2009
Location: 09:00 AM
Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: HEARING ATTENDANCE CONFIRMED HEARING ATTENDANCE WAIVED

test t
Signature of Attorney/Agent/Appellant

1/10/09
Date

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Names of other visitors expected to accompany counsel: _____
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